Form Approved

OMB No. 0920-0975

Exp. Date 07/31/2016

**1. For each item below, rate how well your team did in each of the following areas by placing an “X” in the appropriate box.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Below Average | Average | Above Average | Excellent |
| 1. overall performance |  |  |  |  |  |
| 1. communicating with the team |  |  |  |  |  |
| 1. being “team players” |  |  |  |  |  |
| 1. coordinating individual team member’s efforts |  |  |  |  |  |
| 1. perceptive of the conditions in the environment |  |  |  |  |  |
| 1. knowing what needed to be done |  |  |  |  |  |
| 1. being decisive yet flexible |  |  |  |  |  |
| 1. being open to input from others |  |  |  |  |  |
| 1. remaining calm and focused |  |  |  |  |  |
| 1. being logical decision makers |  |  |  |  |  |

**2.** **Think about the simulation you just completed and place an “X” in the appropriate box.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a) The mental demands were: | | | | | | | | | | | |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| b) The physical demands of the exercise were: | | | | | | | | | | | |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| c) The level of stress I experienced was: | | | | | | | | | | | |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| d) The time pressure I felt was: | | | | | | | | | | | |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| e) The level of frustration I experienced was: | | | | | | | | | | | |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| f) The amount of effort needed to complete the task was: | | | | | | | | | | | |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |
| g) The level of eye strain I experienced was: | | | | | | | | | | | |
| Very Low |  |  |  |  |  |  |  |  |  |  | Very High |

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0975).

**3.** **Answer the following questions about the simulation by placing an “X” in the appropriate box.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a) How natural did moving through the virtual mine seem? | | | | | | | | |
| Not Natural |  |  |  |  |  |  |  | Very Natural |
| b) How much did your experience in the virtual simulation seem consistent with your real-world experiences in an actual mine? | | | | | | | | |
| Not Consistent |  |  |  |  |  |  |  | Very Consistent |
| c) How natural were your interactions with the environment (e.g., opening doors, taking gas readings)? | | | | | | | | |
| Not Natural |  |  |  |  |  |  |  | Very Natural |
| d) Were you involved in the exercise to the extent that you lost track of time? | | | | | | | | |
| No – I did not lose track of time at all |  |  |  |  |  |  |  | Yes – I completely lost track of time |
| e) How engaged were you in the virtual reality experience? | | | | | | | | |
| Not at all engaged |  |  |  |  |  |  |  | Very engaged |
| f) How immersed did you feel in the virtual environment? | | | | | | | | |
| Not at all immersed |  |  |  |  |  |  |  | Very immersed |

4. **Rate how much you agree or disagree that the words and phrases below describe the simulation you just completed.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
| 1. Engaging |  |  |  |  |  |
| 1. Chilling/eerie |  |  |  |  |  |
| 1. High replay value (i.e., you’d be interested in trying it again sometime) |  |  |  |  |  |
| 1. Interesting |  |  |  |  |  |
| 1. Flexible (i.e., your team could accomplish the goals the way it wanted to) |  |  |  |  |  |

**5.** **Did you enjoy participating in this VR simulation?**  Yes  No